

**BEST AVAILABLE COPY**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		10-23-00
O.I.P.E. CLASSIFIER	<i>h</i>		10-28-00
FORMALITY REVIEW	AL	TC-859	11/14/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
—	(Through numeral)...	Canceled	A	.....	Appeal
÷	.....	Restricted	O	.....	Objected

[illegible]

Claim		Date
Final	Original	
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Claim	Date
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**If more than 150 claims or 10 actions  
staple additional sheet here**

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